

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Equifax, Inc.
 was received by me on (date) 1-18-18.

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) The Prentice-Hall Corporation System, Inc., who is
 designated by law to accept service of process on behalf of (name of organization) Equifax Inc.
 on (date) 1-31-18; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: March 5, 2018

Caitlin S. Hinkle
 Server's signature
Caitlin S. Hinkle
 Printed name and title

19 Mossy Creek Trl Murphy, NC
 Server's address 28906

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input checked="" type="checkbox"/></p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> C. Date <input checked="" type="checkbox"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>The Prentice-Hall Corporation System Inc. 327 Hillsborough Street Raleigh, NC 27603</p>	
<p>9590 9402 1771 6074 1507 15</p>	<p>3. Service Type <input type="checkbox"/></p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from sending label)</p> <p>7016 2070 0000 4133 7557</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	